



# Volunteer Advocate Application

## Contact Information

Date	
Name	
Date of Birth	
Social Security Number	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

## Availability

Please list days and hours of your availability:

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## Experience

Reason for volunteering:

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Previous volunteer experience, if any:

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Do you have any experience with people with developmental disabilities?

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Vocation:

- ☐ Employed (please list employer name) \_\_\_\_\_
- ☐ Not employed
- ☐ Retired
- ☐ Student

### Special Skills

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

### Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
Relationship	

## References

Name	
Phone	
Relationship	

Name	
Phone	
Relationship	

Name	
Phone	
Relationship	

## Agreement and Signature

Name (printed)	
Signature	
Date	

All Volunteer Advocates are subject to a background check and fingerprinting.

The Office of Advocacy Services does not discriminate on the basis of race, color, creed, ancestry, marital status, religious or political affiliation, gender, disability, age, national origin, or sexual orientation.

Updated 3/2008